

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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Michael G. Adams
Secretary of State
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Michael G. Adams
Secretary of State
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Articles of Organization
Limited Liability Company

KLC

Pursuant to KRS 14A and KRS 275, the undersigned applies to qualify and for that purpose submits the following statements:

Article I: The name of the limited liability company is

PIVOT PHYSICAL THERAPY CLINIC LLC

Article II: The name of the initial registered agent is

JEAN CLAUDE NIYONSHIMA

and the street address of the entity's initial registered office in Kentucky is

7115 HOLLOW OAKS DR, LOUISVILLE, KY 40291

Article III: The mailing address of the entity's principal office is

4623 SOUTHERN PARKWAY, LOUISVILLE, KY 40214

Article IV: This entity is managed by **Members**.

This filing will be effective on **Wednesday, February 26, 2025**.

We declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

Signature of individual signing on behalf of **Organizer: JEAN CLAUDE NIYONSHIMA**

Signature of individual signing on behalf of **Organizer: GODFREY KARINIJABO**

I, **JEAN CLAUDE NIYONSHIMA**, consent to serve as the Registered Agent on behalf of this entity on Wednesday, February 26, 2025.